

2017-18 GNE FITNESS WRESTLING CLUB – APPLICATION FORM

Please Select Club session below, Club Sessions will be held from October 2017 to April 2018

- _____ #1 – One Weekly Training Session, Sessions begin Oct. 08, 2017
Sessions will be held on Sundays, from 3:30 to 5:30 PM, Total Cost \$670.00

- _____ #2 – Two Weekly Training Sessions, Sessions begin Oct 15, 2017
Sessions will be held on Mondays & Wednesdays, Total Cost: \$1325.00
1st Payment \$750.00, Due: Oct. 18, 2017; 2nd Payment \$625.00 Due: Nov. 30th, 2017

- _____ #3 – Three Weekly Training Sessions, Sessions begin Oct. 15, 2017
Sessions will be held on Mondays, Wednesdays, & Sundays, Total Cost: \$1680.00
1st Payment \$1025.00 Due Oct. 08, 2017; 2nd Payment \$700.00 Due: Nov. 30th, 2017

PAYMENT INFORMATION AND OPTIONS

- If paying by cashier check, please make cashier check payable to: GNE Fitness Wrestling
- If paying with credit card (MC or Visa), please provide information below:
Card# _____ Exp. Date _____ 3 Digit Code _____
Name on credit card _____

Additional 4% Service Fee placed on all credit card charges

- Please do not send cash in

Get Registered by: **Mailing** completed form and payment to:

GNE Fitness Wrestling
6724 Perimeter Loop Rd PMB#165
Dublin, OH 43017

completed form and payment information to (614) 969-7714

Liability Waiver / Release

I understand, acknowledge, and agree by my signature below (or acknowledgment on online registration form) that wrestling is a sport that is inherently dangerous; that by participating in the GNE Fitness Wrestling Club I am voluntarily assuming the risk of personal harm, injury or death; and that I hereby release, discharge, and forever disclaim any and all right, cause of action, or claims of any nature whatsoever against GNE Fitness Wrestling Club, USA Wrestling, their agents, volunteers, employees, assigns, directors, officers, officials and members, except for intentional tortuous acts or omissions. I further agree and acknowledge that I have health or accident insurance (in addition to league provided insurance) or that I waive such primary insurance coverage, which will cover any and all injuries I may suffer as a result of my participation in GNE Fitness Wrestling Club. I further acknowledge and represent that I have no physical impairment or condition which requires the presence of physician or other qualified medical personnel to be in attendance while participating in activities with GNE Fitness Wrestling Club. I further consent to and agree that GNE Fitness Wrestling Club and its photographers shall be entitled to use any photographs (including those provided to the wrestling program) and video recording involving my likeness to be published in the public domain without compensation or liability to me.

Wrestler's name: _____ Age: _____ Weight: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone: _____

Father's Cell: _____ Mother's Cell: _____

Parent/Guardian Signature: _____ Date: _____

Wrestlers Signature: _____ Date: _ Previous Wrestling

Experience & Accomplishments: _____

gne Fitness Wrestling

6724 Perimeter Loop Rd PMB#165

Dublin, OH 43017

Please visit: www.gnefitness.com for additional training and club information